

10/2/20

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HIV		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LI	1106	10/29/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓	.....	Rejected	N	.....	Non-elected
=	.....	Allowed	I	.....	Interference
—	(Through numeral)...	Canceled	A	.....	Appeal
⊥	.....	Restricted	O	.....	Objected

Claim	Date
Final Original	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Claim	Date
Final Original	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

Claim		Date
Final	Original	
101		
102		
103		
104		
105		
106		
107		
108		
109		
110		
111		
112		
113		
114		
115		
116		
117		
118		
119		
120		
121		
122		
123		
124		
125		
126		
127		
128		
129		
130		
131		
132		
133		
134		
135		
136		
137		
138		
139		
140		
141		
142		
143		
144		
145		
146		
147		
148		
149		
150		

**BEST AVAILABLE COPY**

**If more than 150 claims or 10 actions  
staple additional sheet here**

(LEFT INSIDE)

50/900  
10/29/01